

APPENDIX G – ADMINISTRATION OF MEDICATIONS IN THE TRANSITIONAL HOUSING PROGRAM

Medication Administration.

(a) Administration of medications to individuals shall be performed by authorized providers or licensed persons only.

(b) All individuals shall be initially assessed by a licensed physician, A.R.N.P., physician assistant, or nurse trainer to determine the level of support needed specific to medication administration.

(c) The assessment pursuant to (b) above shall include the individual's:

- (1) Medication orders and medications prescribed;
- (2) Health status and health history;
- (3) Ability to self-medicate
- (4) Ability to understand

(d) If a guardian with authority regarding health care decisions has been appointed for an individual, the "Community mental health provider" shall obtain the consent of the guardian prior to the administration of medications.

(e) Authorized providers shall administer only those medications for which there is a medication order.

(f) Authorized providers shall maintain a copy of each individual's medication orders in the individual's record.

(g) Authorized providers shall administer PRN medication in accordance with:

- (1) A medication order; and
- (2) A PRN protocol approved by the prescribing practitioner or the nurse trainer that includes:
 - a. The specific condition(s) for which the medication is given;
 - b. A maximum daily dosage; and
 - c. Any special instructions.

(h) Authorized providers shall administer medications only to the individuals to whom they are regularly assigned or about whom they have current knowledge relative to their medication regimes.

(i) Information specific to each medication shall be obtained by the authorized provider prior to administration of medications, including, at a minimum:

- (1) The purpose and effect(s) of the medication;
- (2) Response time of the medication;
- (3) Possible side effects, adverse reactions, and symptoms of overdose;
- (4) Possible medication interactions; and
- (5) Special storage or administration procedures.

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(j) In the event of discovery of a medication occurrence, an authorized provider shall:

- (1) Consult immediately with a licensed person concerning any actions to be taken;
- (2) Document each medication occurrence within 8 hours of discovery of the occurrence; and
- (3) Forward the documentation to the nurse trainer within one business day.

(k) In the event of medication refusal, the authorized provider shall:

- (1) Consult immediately with a licensed person concerning any actions to be taken;
- (2) Document each medication occurrence pursuant within 8 hours of discovery of the refusal; and
- (3) Forward the documentation to the nurse trainer within one business day.

(l) In those cases where an individual has a history of medication refusal, immediate consultation and documentation pursuant to (k) above shall not be necessary if a protocol has been developed by the individual's treatment team that includes the actions to be taken to address the refusal and has been approved by the prescribing practitioner and, if applicable, guardian.

(m) Copies of medication occurrence and medication refusal reports shall be maintained in the quality improvement office at the "Community mental health provider".

Self-Medication.

(a) Individuals who wish to take their own medications, with their guardians' approval, if applicable, shall be determined to be self-medicating by a licensed physician, A.R.N.P., physician assistant, or nurse trainer if they demonstrate the ability to:

- (1) Identify each medication;
- (2) Indicate the purpose of each medication;
- (3) Indicate the dosage, frequency, time and route of administration for each medication;
- (4) Demonstrate an understanding of the potential consequences of not taking the medication or of not taking the medication properly;
- (5) Indicate circumstances for which assistance should be sought from licensed persons; and
- (6) Seek assistance, if needed, from licensed persons.

(b) If individuals do not demonstrate the ability to self-medicate pursuant to (a) above but wish to receive education regarding self-medication, then:

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- (1) The individual service plan shall document the individual's need for such education;
 - (2) The education shall precede self-medication and include, minimally, the components outlined in (a)(1)-(6) above; and
 - (3) Until an individual demonstrates the capability to self-medicate, the individual receiving education shall be directly supervised by a licensed person or an authorized provider when taking medications to prevent medication occurrences.
- (c) If an individual's physical or mental health declines such that his or her ability to self-administer is affected, the individual shall be re-assessed by a licensed physician, A.R.N.P., physician assistant, or nurse trainer to determine his or her continued capability to self-medicate.
- (d) Documentation by the nurse trainer and, if applicable, guardian approval of self-medication ability shall be maintained in the individual's record at the community residence.

Training and Authorization of Providers.

- (a) Providers who request training to be authorized to administer medications shall complete a training program that:
- (1) Consists of a minimum of 8 hours of classroom training, exclusive of testing or nurse trainer competency evaluation;
 - (2) Is conducted by a nurse trainer; and
 - (3) Covers the following topics:
 - a. The role, responsibilities and performance of the authorized provider in the medication administration process;
 - b. Principles of emergency response;
 - c. Effective health care coordination;
 - d. Rights regarding accepting or refusing medications;
 - e. Principles of infection control as they relate to medication administration;
 - f. Anatomy and physiology as they relate to medication administration;
 - g. Common reactions to medications;
 - h. Categories of medications and their effects;
 - i. Effective management of poisoning or medication overdose;
 - j. Storage and disposal of medications;
 - k. Communications with individuals and if applicable, their guardians, about their medications;

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- I. The 6 principles of medication administration including:
 - 1. The correct medication;
 - 2. The correct dosage of the medication;
 - 3. The medication to the correct individual;
 - 4. The medication at the correct time;
 - 5. The medication to the individual by the correct method; and
 - 6. The accurate documentation;
 - m. Methods of administration, including:
 - 1. Oral;
 - 2. Topical;
 - 3. Inhalant;
 - 4. Sublingual;
 - 5. Transdermal;
 - 6. Nasal;
 - 7. Ocular;
 - 8. Auricular;
 - 9. Vaginal;
 - 10. Rectal; and
 - 11. When indicated by the needs of the individual:
 - (i) Subcutaneous;
 - (ii) Intramuscular, only if epinephrine via auto injector; and
 - (iii) Enteral; and
 - n. Methods of documenting:
 - 1. The administration of medications;
 - 2. The use of controlled substances; and
 - 3. Medication occurrences.
- (b) To be authorized to administer medications, providers shall have:
- (1) Completed a minimum of 8 hours of classroom training as set forth as set forth in (a) above;
 - (2) Scored 80% or higher, on a written examination based on the information conveyed to them in the training referenced in (a) above; and
 - (3) Demonstrated knowledge of the following pertaining to each individual's medication(s):

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- a. The name of the medication;
 - b. The reason for its use;
 - c. Any side effects or adverse reactions; and
 - d. Any special instructions such as giving certain fluids, checking pulse rate or monitoring blood levels; and
- (4) Following direct observation by a nurse trainer, been found appropriate, pursuant to Nur 404.06(b)-(f), to be authorized to administer medications.
- (c) Authorization pursuant to (b) above shall be valid for one year from the date of issuance.
- (d) Whenever a change in an individual's medication occurs or a new individual begins to receive services, the nurse trainer shall educate the authorized provider according to "Training and Authorization of Providers" section above.
- (e) Re-authorization of an authorized provider shall:
- (1) Follow a nurse trainer's direct observation of the provider in the administration of medication;
 - (2) Be performed in accordance with Nur 404.06(b)-(f), as applicable; and
 - (3) Be valid for a period of 12 months from the date of issuance.
- (f) Documentation of authorization pursuant to (b)(4) and (e) above shall be maintained by the nurse trainer for each authorized provider.
- (g) Authorization of providers to administer medication shall be rescinded pursuant to Nur 404.06(g)-(h). Authorization shall be reinstated pursuant to "Training and Authorization of Provider" section above.

Documentation.

- (a) For each individual for whom medications are administered, an authorized provider shall maintain documentation of medication administration that includes:
- (1) The name of the individual;
 - (2) If applicable, the guardian's name and contact information;
 - (3) Emergency contacts;
 - (4) Allergies, if applicable; and
 - (5) For each medication prescribed:
 - a. The name of the individual;
 - b. The dosage;
 - c. The frequency of administration;
 - d. The route of administration;
 - e. The date and time of administration;

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- f. The order date; and
 - g. Special considerations in taking the medication, if applicable, as directed by the prescribing practitioner or the pharmacist.
- (b) Documentation of medication administration shall be completed by the authorized provider at the time medications are administered.
- (c) Each authorized provider who administers medications to an individual shall enter his or her full signature, credentials and initials in a section designated for such purpose in the individual's current medication log.
- (d) When a PRN medication is administered, documentation shall be pursuant to (a) above and also include the reason for administration and the medication's effectiveness.
- (e) When a controlled drug is prescribed for an individual, the authorized provider shall maintain an inventory that includes:
 - (1) The name of the individual;
 - (2) The name of the prescribing practitioner;
 - (3) The name of the drug and strength;
 - (4) The amount used;
 - (5) Amount remaining;
 - (6) The time and date administered;
 - (7) The name and credentials of the person who administered the medication;
 - (8) Documentation of a daily count; and
 - (9) If applicable, documentation of disposal in the presence of 2 people, at least one of whom is a licensed person.
- (f) An authorized provider shall document:
 - (1) Each medication occurrence upon discovery; and
 - (2) An individual's refusal to take medications, except as noted "Medication Administration" section paragraph (l).
- (g) Documentation required pursuant to (f) above shall, at a minimum, include the following:
 - (1) The individual's name;
 - (2) The date and time of the occurrence or refusal;
 - (3) The drug name, dosage, frequency, route of administration and prescribing practitioner;
 - (4) A description of the occurrence or refusal;
 - (5) The date and time of notification of a licensed person

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- (6) Actions recommended by the licensed person;
- (7) Actions taken by the authorized provider; and
- (8) The date and time of notification of a nurse trainer.
- (h) Changes in medication orders shall be documented on the medication log by licensed persons or authorized providers.
- (i) The authorized provider shall report all changes in medication orders to the nurse trainer.
- (j) The authorized provider shall note, in the medication log, any medication withheld and the reason(s) the medication was withheld.
- (k) The requirements of (a)-(i) above shall not apply to individuals who self-medicate

Storage of Medications.

- (a) All medications to be administered by an authorized provider shall be kept in a locked container, cabinet or closet.
- (b) All controlled drugs to be administered by the authorized provider, except as noted in (c) below, shall be stored in a locked compartment within a locked container, cabinet or closet.

Quality Review.

- (a) A registered nurse or licensed practical nurse shall, at least monthly, review the following for all individuals whose medications are administered by authorized providers:
 - (1) Documentation that the provider administering the medication(s) holds a current authorization;
 - (2) Medication orders and PRN protocols;
 - (3) Medication labels and medications listed on the medication log to ensure that they match prescribing practitioner's orders;
 - (4) Medication logs to ensure that documentation indicates:
 - a. That medication was administered as prescribed;
 - b. Refusal by the individual to take medication, if applicable;
 - c. Any medication occurrences; and
 - d. The full signatures and credentials of all persons who initial the log; and
 - (5) Medication storage to ensure compliance with "Storage of Medication" section
- (b) Reviews pursuant to (a) above shall be documented, dated and signed by the nurse and retained for at least 6 years by the community mental health program.

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Designation of Nurse Trainers.

(a) The director shall, upon request, grant designation as a nurse trainer to nurses who:

- (1) Have a license as a registered nurse in the State of New Hampshire that is current and unencumbered;
- (2) Have 2 years of licensed nursing experience, at least one of which has been as a registered nurse, within the past 5 years; and
- (3) Have completed a 6 hour orientation program conducted by the division of behavioral health.

(b) The director shall, upon request, grant 45 day conditional designation as a nurse trainer to nurses who fulfill the requirements of (a)(1) and (2) above but have not yet completed the orientation required by (a)(3) above.

(c) A nurse granted conditional designation shall not authorize or re-authorize providers to administer medications but may supervise currently authorized providers.

Medication Quality Review.

(a) The medical director shall review information submitted pursuant to (d) below.

(c) A nurse trainer from the “Community mental health provider” shall annually submit a report to the program’s director of quality assurance that includes the following:

- (1) The program name;
- (2) The dates during which information was collected and the number of individuals served;
- (3) The name, license number, and license expiration date of the nurse trainer;
- (4) The date on which the nurse trainer received his or her training and authorization as a trainer;
- (5) The number of hours of supervision provided by the nurse trainer per month;
- (6) The number of providers trained and number of authorized providers retrained within the particular reporting period;
- (7) The total number of providers authorized to administer medication within CMHC programs as of the date of the report;
- (8) The total number of medication occurrences listed by specific medication(s) involved, type, frequency, and the corrective action taken;
- (9) The number of department-issued “medication Administration” related certification deficiencies documented for the setting pursuant to He-M 1002.13;

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- (10) Any medication related waiver for the setting, if any;
- (11) A narrative summary of the factors which affected the administration of medication; and
- (12) The signature of the nurse trainer completing the form and the date on which the report is submitted.

(d) The quality assurance director the “Community mental health provider” shall report annually on the agency's performance in medication administration to the division. The report shall summarize the content of the nurse trainer's report.

(e) the medical director shall review the reports submitted pursuant to (d) above and recommend to the director that corrective action be taken by those community residences that, as demonstrated by the reports, have failed to comply with the provisions of this “Medication Administration” appendix XXX.

The recommendations shall identify areas of non-compliance and suggest corrective action to be taken.

(f) The director shall review all recommendations for corrective action made pursuant to (e) above. For the “Community mental health provider” for which corrective action has been suggested, the director shall require such corrective action to be taken. Corrective action shall be designed to result in an agency's compliance with the “Medication Administration” appendix.

(g) the “Community mental health provider” that is in receipt of a requirement for corrective action shall, within 30 days of such receipt, forward a corrective action plan to the medical director and begin implementation of such plan.

Revocation.

(a) Under the following circumstances, the director shall revoke the designations of those nurse trainers and authorizations to administer medications of those providers in “Community mental health provider” where corrective action has been required:

- (1) A “Community mental health provider” fails to submit a corrective action plan
- (2) A “Community mental health provider” submits a corrective action plan which fails to satisfy the criteria specified by the medical director or his or her designee or
- (3) The “Community mental health provider” fails to implement a corrective action plan.

(b) Revocation shall only occur following the provision of 30 days' written notice. Such written notice shall state the reasons for the revocation and inform the “Community mental health provider” that it may appeal the decision. If an appeal of the decision is filed, the revocation shall be postponed pending final action by the director.

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(c) The division shall withdraw a notice of revocation if, within the notice period, the “Community mental health provider” complies with or, in the judgment of the director or designee, has made progress toward complying with the “Medication Administration” protocols as outlined within this document.

(a) A request for appeal shall be submitted in writing to the director within 10 days following the date of the notification of revocation of authorization of a provider to administer medication or designation of a nurse trainer.

(b) The director shall immediately forward the request to the administrative appeals unit so that an appeal proceeding can be scheduled.

(c) Appeals shall be conducted in accordance with He-C 200.

He-M 1202.13 Waivers.

(a) A provider or “Community mental health provider” may request a waiver of specific procedures outlined in this Appendix, in writing, from the department.

(b) A request for waiver shall include:

(1) A specific reference to the section of the Appendix for which a waiver is being sought;

(2) A full explanation of why a waiver is necessary;

(3) A full explanation of alternative provisions or procedures proposed by the “Community mental health provider” or individual;

(4) If the setting is certified, the date of certification;

(5) Signature of the individual(s) or legal guardian(s) indicating agreement with the request; and

(6) Signature of the “Community mental health provider” executive director or designee recommending approval of the waiver.

(c) No provision or procedure prescribed by statute shall be waived.

(d) The director shall grant the waiver if he or she determines that the alternative proposed meets the objective or intent of the rule and does not negatively impact the health or safety of the individual(s).

(e) Upon receipt of approval of a waiver request, the “Community mental health provider”, the provider or individual's subsequent compliance with the alternative provisions or procedures approved in the waiver shall be considered compliance with the rule for which waiver was sought.

(f) Waivers shall be granted in writing for a specific duration not to exceed one year.

(g) An provider, a “Community mental health provider” or individual may request a renewal of a waiver from the department. Such request shall be made at least 90 days prior to the expiration of a current waiver and shall not exceed one year.